

CDPS/NPDES FACILITY INSPECTION REPORT

SECTION A: NATIONAL DATA SYSTEM CODING

Transaction Code 1 <u>N</u> 2 <u>5</u>	CDPS/NPDES 3 <u>C</u> 4 <u>0</u> 5 <u>0</u> 6 <u>0</u> 7 <u>2</u> 8 <u>9</u> 9 <u>7</u> 10 <u>9</u> 11 <u>3</u>	yr/mo/day 12 <u>8</u> 13 <u>8</u> 14 <u>0</u> 15 <u>6</u> 16 <u>1</u> 17 <u>8</u>	Inspection Type 18 <u>R</u>	Inspector 19 <u>S</u>	Fac Type 20 <u>2</u>
Remarks (See Code)					
21 <u>Reserved</u>	Facility Evaluation Rating 67 <u> </u> 68 <u> </u> 69 <u> </u> 70 <u>N</u>	SI 71 <u>N</u>	QA 72 <u> </u>	CO 73 <u>1</u> 74 <u>7</u>	Operator in Charge Class & Cert. # 75 <u> </u> 76 <u> </u> 77 <u> </u> 78 <u> </u> 79 <u> </u> 80 <u> </u>

SECTION B: FACILITY DATA

Name of Facility Inspected Western Minerals Productions — Anaconda Mine	Entry Time 3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Permit Effective Date 6-13-88
Physical Location		Permit Expiration Date 12-31-92
Name(s) of On-Site Representative(s) No persons contacted	Title(s)	Phone No(s) 293-7938
Address 555 17th street	City Denver State CO	Zip 80202
Name of Person Conducting Inspection James B. Horn	Title District Engineer	

SECTION C: AREAS EVALUATED DURING INSPECTION

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

Permit	Flow Measurement	Pretreatment	Operations & Maintenance
Records/Reports	Laboratory	Compliance Schedules	Sludge Disposal
Facility Site Review	Effluent/Receiving Waters	Self-Monitoring Program	Other:

SECTION D: OPERATION MAINTENANCE

Operator in Charge: _____ No. of Operators: _____

Budget: \$ _____ Salaries: \$ _____ Utilities: \$ _____ Maintenance: \$ _____

Chemicals: \$ _____ Sludge: \$ _____ Other: \$ _____ Unit Trmt. Cost/1,000 gals: \$ _____

Collection System: No. of Taps: _____ No. of Lift Stations: _____

Pop. Eq. Served: _____ I/I Program: _____ Treatment Process: _____

Design Capacity: Hydraulic: _____ Organic: _____

Present Loading: Hydraulic: _____ Organic: _____ % Cap. _____

SECTION E: MONITORING AND COMPLIANCE

Type and location of flow measuring equipment: _____

Accurate, (Yes/No): _____ If (No), Comment: _____

Date of Last Calibration: _____

Lab performing DMR analysis: _____

Analysis in compliance with approved procedures, (Yes/No): _____ If (No), Comment: _____

Sampling in compliance with permit requirements, (Yes/No): _____ If (No), Comment: _____

Physical description of receiving stream: _____

Does facility meet permit requirements: _____

List facilities deficiencies: _____

Comments: **No mining or milling is occurring at this facility at this time, however, the facility is discharging.**